MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005272
STATE FILE NUMBER

AMENDED

Registration District No. 562 Primary Registration District No. 4531 Registrar's No. 12

FILED FEB 15 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY ~~xxxxxxx~~ Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton — Length of stay in 1b: 2yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West H ome — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Hawkpoint — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LIZZIE Middle: O'LEAFY Last: HOMESLEY
4. DATE OF DEATH Month Day Year: Feb.13,1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec.29,1881
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 7 Days 14 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Jonesburg MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Chas Claggett
13b. MOTHER'S MAIDEN NAME: Loreta Hiler
14. NAME OF HUSBAND OR WIFE: Cola Homesley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Marvin Homesley — Address: Wentzville MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, bilateral, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis with arteriosclerotic heart disease — unknown
DUE TO (c) Senile dementia, Senility — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 7, 1959 to Feb.13,1962 and last saw her alive on Feb. 12, 1962
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Hrebecke M.D. (Degree or title)
22b. ADDRESS Warrenton, Missouri
22c. DATE SIGNED 2-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 15,1962
23c. NAME OF CEMETERY OR CREMATORY: Hawkpoint Cemetery
23d. LOCATION (City, town, or county) (State): Hawkpoint Mo.

24. FUNERAL DIRECTOR: D.W. McCoy — ADDRESS: Troy Mo
25. DATE RECD. BY LOCAL REG.: Feb.13.1962
26. REGISTRAR'S SIGNATURE: Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wayne McCoy

Signature of Student Embalmer

Licensed Embalmer No. 3588

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.